Washington State Department of Social & Health Services

HRSA Health & Recovery Services Administration

PEDIATRIC PALLIATIVE CARE (PPC) REFERRAL & 5-DAY NOTIFICATION

PPC Program Manager
Division of Medical Management
(360) 725-1582 or FAX: (360) 725-1965

Please fill out the form electronically to ensure the form can be read easily then print the form.

14. CLIENT NAME: LAST FIRST MI

PPC Referral From:

1. 7 DIGIT PROVIDER NUMBER 399

2. HOSPICE AGENCY NAME

3. CONTACT NAME

4. TELEPHONE NUMBER

5. FAX NUMBER

6. ANTICIPATED ADMIT DATE

7. CURRENT FOCUS OF CARE FOR PPC

- ☐ Curative treatment with unsure outcome
- ☐ Palliative treatment with unsure outcome
- ☐ Palliative treatment only
- ☐ Treatment for chronic condition and life-limiting complications.

8. Change of Circumstances:

- ☐ Discharge Date
- ☐ Transfer _____

REASON:

9. CLIENT PIC NUMBER

10. DATE OF BIRTH

11. SOCIAL SECURITY NUMBER

12. DIAGNOSIS

13. PPC Checklist - Child (Check all that apply)

- ☐ Has current Medicaid eligibility noted in chart.
- ☐ Is 20 years of age or younger.
- ☐ Has a physician order for PPC.
- ☐ Has a life limiting medical condition with a complex set of needs requiring case management and coordination of medical services
- ☐ Has immediate medical needs during a time of crisis.
- ☐ Requires coordination with family members in more than one setting.
  Where? _____
- ☐ Condition impacts cognitive, social and physical development.
- ☐ The medical condition overwhelms family coping skills, including ability to parent.
- ☐ Family member/caregiver lack knowledge regarding the child's medical needs.

15. Proposed treatment and case management needs:

16. Medical necessity for case management/care coordination:

17. DATE HRSA APPROVAL (DSHS USE ONLY)

HRSA USE ONLY

CNP **MNP/LCP**

MMIS

Database

18. NOTES

DSHS 13-752 (REV. 06/2005) (AC 09/2006)

INSTRUCTIONS FOR COMPLETING THE MEDICAID PEDIATRIC PALLIATIVE CARE (PPC) REFERRAL AND 5-DAY NOTIFICATION, FORM DSHS 13-752

Please fill out the form electronically to ensure the form can be read easily then print the form.

Use this form when requesting PPC for a child and to give your notice of changes within 5 working days of the occurrence.

1. Enter the last 4 digits of your HRSA Provider number. The first 3 are already on the form. Enter your Hospice agency name and complete address. (The HCS or CSO will need your address in order to send an Award Letter to your agency.)
2. Enter the name of the Hospice agency which is also a PPC Provider.
3. Enter the PPC contact person's name.
4. Enter the telephone number for the PPC contact person.
5. Enter the FAX number for the PPC contact person.
6. Enter the date you plan to admit the child for PPC.
7. Mark the box that describes the focus of care planned.
8. Mark the box if this is a change of circumstances, please use the original fax and add the date of the change after marking the change box. Enter the client specific reason for discharges or transfers; for example. Client left the area; child improved and is not in need of PPC case management at this time.
9. Enter the client Patient Identification Code (PIC) which is the insider's ID number for Medicaid which has the client's first and middle initial, ("-" if no middle name), 6 digit birthday; first 5 letters of the last name (leave a space for each letter short of 5), and an alpha or numeric character for the tiebreaker.
10. Enter the child's birth date.
11. Enter the client's Social Security Number (SSN). This along with the PIC can help identify a child.
12. Enter the name of the primary diagnosis.
13. Mark all boxes that apply to the child. This check list will help in identifying if the child is eligible for PPC. (The first four boxes are required).
14. Enter the child's last name, first name and middle initial (use a dash "-" if no middle initial).
15. Enter child specific proposed treatment and case management needs.
16. Enter child specific reasons for need of case management/care coordination.
17. Leave blank, this is for HRSA use only.
18. Notes area for Hospice agency and HRSA to use for communication.
    - If the notification is past 5 working days, use this area to give reason.
    - If the child has a DSHS, Division of Developmental Disabilities DDD Case Resource Manager (CRM), you can use this area to note the CRM's name and number.